



PATIENT

Rambo Mellmer

SPECIES

Canine

BREED

German Shorthaired
Pointer

SEX

MN

AGE

3Y, 4M

WEIGHT

48lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Raul Casas

INVOICE

73003

DATE

12-15-25

PRESENTING CLINICAL SIGNS

Presents for CT of skull, ± chest, and abdominal ultrasound to evaluate for neoplastic nodule and lung changes. Patient History: - Defecation: Diarrhea, improving to pasty stool; currently 2x/day; on Fortiflora - Coughing: Previously dry, hacky cough; resolved - Previous episodes: Three episodes of facial swelling, inability to open mouth, periorbital swelling (alternating eyes); first episode ~1 year ago - Bloody, purulent oral discharge during first episode; resolved with steroids and antibiotics - No GI signs outside of current diarrhea - Previous radiographs: Pinpoint mineralizations in chest; not typical for age - Exposure: Possible insulation inhalation; no current respiratory signs Current medications: - Prednisone (recently reduced from 1.5 x 20 mg tabs to 1 x 20 mg tab daily) - Fortiflora Abnormal PE/Chem/CBC/UA Results: BAR; apprehensive but tolerant; did not allow oral exam; pink mm; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; eyes, ears, LNs WNL; ambulating normally; BCS- 5/9; no obvious swellings on face; sedated; placed IVC; obtained CT of thorax; obtained pre- and post IV contrast CT studies of skull; oral exam- draining tract on R commissure (see picture); flushed with sterile saline; otoscopic exam- ear canals and TMs WNL; reversed sedation

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast computed tomographic study of the head and thorax were provided for review, totaling three series: one pre-contrast (bone algorithm) and one post-contrast (bone algorithm) series of the head, and one pre-contrast (bone algorithm) series of the thorax.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

In the region of the right temporalis muscle, contiguous with the border of the ipsilateral mandibular ramus, there is a small, thin- to mildly irregularly marginated, rim-enhancing lesion with a hypoattenuating central core. This lesion measures approximately 9.2 × 3.3 mm. The adjacent retrobulbar structures, including the pterygoid musculature and the right zygomatic salivary gland, appear within normal limits. No radiopaque foreign material is identified in this region.

The facial bones, mandibles, maxillae, and calvarium are within normal limits.

The temporomandibular joints are bilaterally congruent.

The collimated teeth evaluated caudal to Triadan 104, 204, 304, and 404 are within normal limits on this study.

The intracranial structures show no evidence of mass effect or deviation of the falx cerebri.

The nasal cavities and turbinates demonstrate normal turbinate architecture, and the cribriform plate is intact.

The oropharynx, nasopharynx, and soft palate are unremarkable.

The frontal sinuses are unremarkable.

The tympanic bullae and external auditory canals are within normal limits.

Both globes and the retrobulbar spaces are normal.



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The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

The thyroid glands are unremarkable.

THORAX

The trachea and main bronchi are within normal limits in course and caliber.

A solitary, small, soft tissue-attenuating pulmonary nodule measuring approximately 5.8 mm in diameter is identified in the right cranial lung lobe. The remaining pulmonary parenchyma shows normal attenuation.

The bronchial tree exhibits normal branching and tapering; bronchial walls are thin and smooth, with an appropriate bronchus-to-artery ratio.

The cranial mediastinal and tracheobronchial lymph nodes are unremarkable.

The cardiac silhouette and pulmonary vessels are within normal limits.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small, rim-enhancing, cavitated soft tissue lesion adjacent to the right mandibular ramus in the region of the temporalis musculature. Differential diagnosis includes small focal infectious/inflammatory process (such as a small abscess or granuloma), small area of necrosis, consider possible associated with early-stage masticatory myositis.
- Solitary small pulmonary soft tissue nodule (5.8 mm), indeterminate; differentials include a small inflammatory/granulomatous nodule, early phase primary pulmonary neoplasia, or a solitary metastatic focus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a small, rim-enhancing, cavitated soft tissue lesion adjacent to the right mandibular ramus in the region of the temporalis musculature, possibly associated with the clinically documented draining tract at the right lip commissure. Differential diagnoses include a small focal infectious or inflammatory process, such as a localized abscess or granuloma. A focal area of necrosis is also considered. Early-stage masticatory myositis is considered less likely.

Conservative medical management may be considered initially. If clinical improvement is not observed, surgical exploration of the draining tract and affected region are suggested.

On the thoracic study, a solitary small soft tissue pulmonary nodule was identified. Considering the patient's age, the primary differentials include a small inflammatory or granulomatous nodule; however, early metastatic disease or primary pulmonary neoplasia cannot be entirely ruled out. Follow-up thoracic imaging, either repeat CT or three-view thoracic radiographs, is recommended in approximately 2–3 months.



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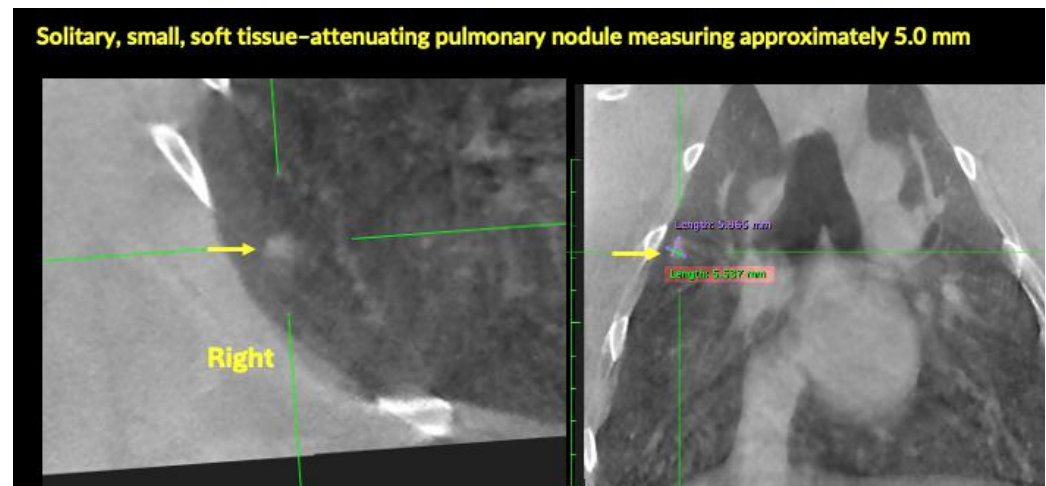
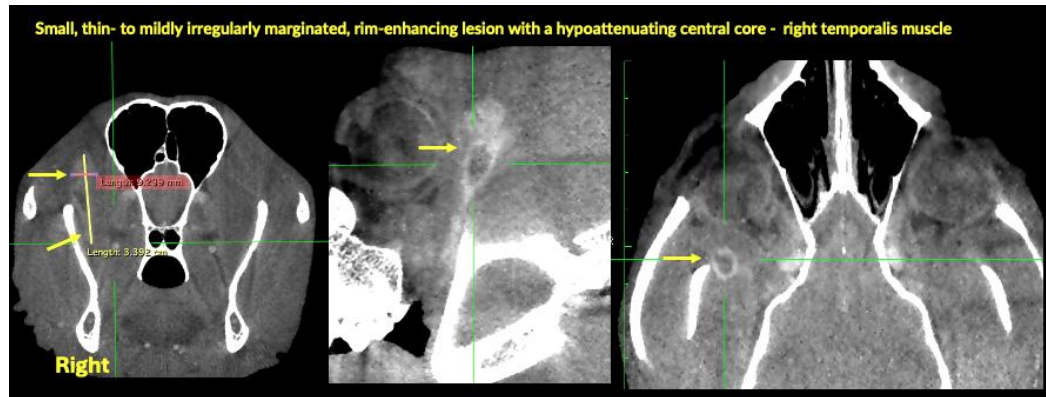
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TECHNICAL COMMENTS

No post-contrast thoracic study was provided, which limits evaluation of soft tissue structures. Portions of the peripheral thorax are incompletely collimated. Mild to moderate beam-hardening artifacts are present, particularly affecting the thoracic examination.



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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